



TLC Group Adjustment Form

This form is used to cancel coverage and terminate a BES record. Coverage begins on the first day of a month and ends on the last day of a month.

- Use the Enrollment Form for Initial Enrollments (for employees, retirees and survivors), Open Enrollment, and Qualifying Mid-Year Events.
- Use the Personal Data Change Form to update personal demographics on a BES record.
- Use the COBRA Election form to reinstate coverage in COBRA.

This form may also be used to update your Group’s address and contacts.

FORMS received at DHRM by the 6th of a month will be reflected on the upcoming monthly bill.

Action Code	BES ID (SSN)	Enrollee’s Last Name	Enrollee’s First Name	Receive Date MM/DD/YYYY	Term/Event Date MM/DD/YYYY	Effective Date MM/DD/YYYY

- Action Code: T1 Terminate coverage - Participant is no longer eligible. Use last day eligible as Event Date.
 T2 Terminate coverage - Death of enrollee. Use date of death as Event Date.
 T3 Terminate coverage - Enrollee’s request. Use the date you received the request as Event Date.
 T4 Terminate coverage - Enrollee failed to pay premium. Use “paid through end of month” date as the Event Date.

Change Group Mailing Address: This address is used for communications and group billing.

Street or PO Box: _____ Suite: _____
 City: _____ State: _____ Zip+4: _____ - _____

Change Group Shipping Address: This address is used for shipping materials. Shipping Address same as Mailing Address

Street or PO Box: _____ Suite: _____
 City: _____ State: _____ Zip+4: _____ - _____

Change Group BillingAddress: This address is used for shipping materials. Billing Address same as Mailing Address

Street or PO Box: _____ Suite: _____
 City: _____ State: _____ Zip+4: _____ - _____

Change Group Contact:

- Benefits Administrator (handles inquiries about eligibility and enrollment forms)
- Billing Administrator (handles inquiries about billing)
- Benefits Executive (authorizes the renewal and employer data sheet)
- Billing Executive (authorizes premium payments)

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
 Title: _____ Nickname: _____
 Phone: () _____ - _____ ext. _____ Fax: () _____ - _____ ext. _____
 Email: _____

Group Authorization:

I certify that the information on this form and in the required supporting documentation is complete and accurate to the best of my knowledge.

Date Sent to DHRM: Month: _____ Day: _____ Year: _____ TLC Group Number: _____ - _____ - _____

Authorized by: Name: _____ Phone: () _____ - _____

Send authorized form by: Email: TLC@dhrm.virginia.gov, Fax: (804) 786-1708, or Mail: DHRM – TLC, 101 N 14th St Fl 13, Richmond, VA 23219